

***Hampton Regional Housing Rehabilitation Program
Post Office Box 143
Hampton, CT 06247***

Telephone: 860-455-0738

Facsimile: 860-455-0517

November 2010

REQUEST FOR PROPOSALS - LEAD PAINT TESTING SERVICES

The Town of Hampton has been awarded a FY 2010 Connecticut Small Cities Grant to continue its Regional Housing Rehabilitation Program, which serves Hampton and four other communities in northeast Connecticut. It is anticipated that 12-14 units will be assisted through this grant. The Program provides assistance to lower income property owners via deferred payment loans and primarily assists single-family homes. The assistance can be used to complete general repairs such as roof replacement, painting, septic systems, window, siding, electrical and plumbing repairs, etc. The Program also addresses lead paint testing and mitigation/abatement efforts.

The Housing Rehabilitation Program is presently accepting statements of qualification and proposals from licensed lead paint inspectors / risk assessors to provide inspection services to the Program on an as-needed basis. Where lead paint is believed to be present in a unit, the lead paint inspection firm will be called in to prepare a lead paint report or a risk assessment, for use by the Program's Rehabilitation Specialist in developing work specifications. Fees for inspecting the property and preparing a lead inspection report will be paid for with Program funds. Where lead abatement or safe work practices are used, the inspector will conduct post-abatement testing for issuance of the certifications required under federal laws. The inspector shall provide services so as to comply with both federal and Connecticut state lead paint laws and regulations. **Inspection and clearance services must comply with the revised federal lead paint regulations** (24 CFR Part 35 and Sections 1012 and 1013 (Title X) of the Residential Lead-Based Paint Hazard Reduction Act of 1992) and EPA's Renovate, Repair and Paint Program.

If you/your firm is interested in providing the requested services to the Hampton Regional Housing Rehabilitation Program, please complete the enclosed 3-page Bid Form and the Supplemental Form with the other documentation requested and return it to this office by 12:00 noon, Tuesday, November 23, 2010. If you have any questions, call Pete Kenefick at (860) 461-4000 or the Hampton Small Cities Office at (860) 455-0738 and speak with Catherine Bertolet or me. The contract for these services will be subject to the provisions and requirements of the Connecticut Small Cities CDBG Program.

Sincerely yours,

Peter Sanborn
Program Manager

Request for Qualifications and Proposals

Lead Paint Testing

A. Scope of Work

The Town of Hampton has a federal Community Development Block Grant from the Connecticut Department of Economic and Community Development for a Housing Rehabilitation Program. Most of the properties that will be assisted through the program are older -- built prior to 1978. The Town is seeking to hire a consultant to inspect these housing units for lead paint and provide, as applicable, a lead hazard screen test or a Risk Assessment, and to provide specifications for recommended mitigation and/or abatement measures to be used. In circumstances where abatement is required, the consultant will re-inspect and provide clearance testing.

The properties to be inspected and assessed will be primarily scattered site, owner-occupied, single-family homes, although, there could be instances where the properties will consist of multi-family housing. The properties will be occupied. The exact location and number of units to be inspected has not yet been determined, however, the Town anticipates that inspections will be required for approximately 10 units during the next 18 months

B. Inspection Report Requirements

For inspection reports, the following will be required: A listing of components that tested positive, sections on regulatory compliance, overall scope of work, field procedures, laboratory and field quality control procedures, Substrate Equivalent Lead determination, data analysis and reduction, laboratory procedures, and application of HUD decision making rules.

C. Standards - References or regulatory standards to be met in providing services.

1. HUD Guidelines for the Evaluation and Control of Lead Hazards in Housing.
2. Connecticut Department of Health Lead Paint Regulations
3. Environmental Protection Agency (EPA) regulations, specifically 40 CFR 745.85 (RRP).
4. HUD regulations.
5. Occupational Safety and Health Administration (OSHA) Regulations.
6. Nuclear Regulatory Commission (XRF radiation sources).

D. General Instructions.

1. Submission Time and Dates: Proposals will be due by **12:00 Noon** on Tuesday, **November 23, 2010** at the Hampton Small Cities Program Office, Post Office Box 143, Hampton, CT 06247.
2. Questions may be submitted in writing to the above address up to fourteen days before the bids are due.

3. Addenda and other clarifications will be issued to all prospective bidders by fax and by mail no later than 72 hours prior to the bid opening.
4. A draft contract will be available for review upon request of any prospective proposers.

E. Insurance Requirements:

The Contractor shall procure and shall maintain, during the life of this Contract, and shall require each of his subcontractors to procure and maintain during the life of his subcontract, Public Liability and Property Damage Insurance in an amount not less than \$500,000 for injuries, including accidental death to each person, and subject to the same limit for each person in an amount not less than \$1,000,000 on account of each accident and Property Damage Insurance in an amount not less than \$250,000 per accident and \$500,000 aggregate. The Contractor shall furnish Certificates of Insurance showing same and listing the Town of Hampton/Hampton Regional Housing Rehabilitation Program as a certificate holder before proceeding with the work.

The Contractor shall maintain, during the life of this Contract, Worker's Compensation Insurance for all employees and sub-contractors engaged in work under this Contract.

F. Proposal Format and Content.

1. Proposers must use the attached bid form for submitting bids.
2. Proposers must include a Transmittal Letter signed by an authorized representative of the firm.
3. Proposals must include statements of:
 - a) Qualifications - certifications and training as required by the State of Connecticut.
 - b) Related experience - directly applicable experience in performing these services for comparable housing.
 - c) Three (3) references **each** from clients needing inspection reports and from contractors performing lead abatement of safe practices. (6 references total)
 - d) Proposed staffing and project organization.
 - e) Work plan/ technical approach
 - f) One copy each of a sample inspection report and a sample risk assessment report.
 - g) Prices on the attached bid form.
 - h) Statement about availability to provide services on an as needed basis.
 - i) Copies of applicable licenses.
 - j) Proof of insurance.

G. Proposal Evaluation and Contract Award.

1. Evaluation Criteria Factors.

- a. Qualifications, experience, and references. For both inspection and risk assessment, qualifications must include certification and/ or licensing by a Connecticut Department of Public Health. Qualifications and experience will be evaluated as follows:
- Experience in inspection (other than lead- based paint), maintenance, renovation, or management of housing similar to the housing units for which services are being sought. This experience is most relevant for risk assessment.
 - Experience in the planning, design, and monitoring of lead- based paint hazard control projects. This experience is most relevant to inspection services.
 - Experience in collecting environmental samples and interpreting test results. Collection and analysis of lead samples such as dust wipes, soil, paint chips, and water samples in housing environments. Applicable to both risk assessment and inspection.
 - Experience in environmental report writing. Ability to outline a lead hazard control strategy with an order of priorities and recommended methodologies.
 - Staffing and organization.
- b. Quality of proposed work plan/ technical approach. Understanding and experience in using HUD Lead-Based Paint Testing and/ or Risk Assessment Protocols are essential requirements.
- c. Cost and price: Proposers **MUST** submit prices on the attached form. Additional price information maybe attached to the form.
- d. Other Special Requirements – Section 3 and W/MBE participation.

LEAD PAINT INSPECTION SERVICE - BID FORM

Name of Company: _____

Name of Principal: _____ Normal Contact: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Company Information:

Number of Employees: _____ Years in Business: _____

Corporation: ____ Sole Proprietorship: ____ Partnership: ____ Other (specify): _____

Federal Employer I.D. # or Social Security #: _____

Minority Owned Business? Yes ____ No ____ Women Owned Business? Yes ____ No ____

Section 3 Business*? Yes ____ No ____

** See two page supplemental form attached to end of this RFP.*

Are you certified as a Lead Paint Inspector in the State of Connecticut? Yes ____ No ____
(ATTACH YOUR CURRENT CERTIFICATION FORM)

List three (3) references from projects that you have completed within the past year (name, address/ association, and telephone number):

1. _____

2. _____

3. _____

List three (3) references from contractors doing lead abatement or safe practices that you have worked with within the past year (name, address/ association, and telephone number):

1. _____

2. _____

3. _____

COST OF SERVICES:

Notes: Paint testing: All Paint Testing will include paint testing and report. A “Room” would be considered a room, hallway, or outbuilding. Closets would be considered part of the room that they are accessory to. Pantries would be considered a room if they are a separate space from a kitchen or dining room and 50 s.f. or larger.

Risk Assessment with Full Paint Inspection

All Risk Assessments will include paint testing, test wipes, and report.

1. Fee for a risk assessment of a housing unit up to 6 rooms with wipe tests: \$_____
2. Fee for a risk assessment for each additional room [over six (6)] in a unit: \$_____
3. Risk assessment fee for additional units [up to 6 rooms] in multi-unit buildings: \$_____
4. Fee for a risk assessment for each additional room [over 6] in an additional unit: \$_____

Clearance Examinations

All Clearance Examinations will include test wipes, visual assessment, clearance reports, and Notice of Hazard Reduction.

How long will clearance testing take for each of the test below? _____

5. Fee for Clearance Examination of a housing unit up to six (6) rooms: \$_____
6. Fee for Clearance Examination for each additional room [over 6] in a unit: \$_____
7. Fee for Clearance Examinations of additional units
(up to six (6) rooms) in multi-unit buildings: \$_____
8. Clearance Examination fee for each additional room [over 6] in an additional unit: \$_____

Other

9. Fee for soil samples per sample: \$_____
10. Abatement Plan for 1st unit: \$_____
11. Abatement Plan for additional units: \$_____
12. Management plan for 1st unit: \$_____

13. Management Plan for additional units: \$ _____

14. Hourly rate for Project Manager: \$ _____

15. Hourly Rate for Project Designer: \$ _____

Any items that we did not ask for but you think may be relevant? _____

The Town of Hampton will base the award of a contract for lead paint inspection services on a combination of the consideration of price, experience and ability. It reserves the right to reject any and all bids as it deems in its best interest.

I certify that all the information in this statement is true and complete to the best of my knowledge and belief.

Name of Individual Filing Proposal: _____

Signature: _____

Title: _____ Date: _____

REMINDER - PLEASE ATTACH A COPY OF YOUR CURRENT CERTIFICATION FORM

Present any other information with this bid that you think is pertinent in evaluating your ability, experience and cost.

Return this form and one copy of the other requested proposal information to:

Hampton Small Cities Program
Post Office Box 143
Hampton, CT 06247

Proposals are due Tuesday, November 23, 2010 at 12:00 noon.

This bid form must be complete and submitted with original signatures. No faxed copies will be accepted.

Thank you. If you have any questions, please call (860) 455-0738.

HAMPTON REGIONAL HOUSING REHABILITATION PROGRAM
Hampton, Chaplin, Eastford, Pomfret & Scotland
CONTRACTOR REGISTRATION FORM
SUPPLEMENTAL FORM

Dear Contractor:

Your assistance in filling out this supplemental form is requested. This information will allow the Program to respond to Federal & Connecticut State requirements concerning employment and economic opportunity (Section 3 reporting requirements). **The answers supplied will have no effect on your eligibility to participate in the Program.**

The following information should assist you in answering the questions below. After establishing the proper location category from #1-3 below, match that category with the two-page "Income Limits" table attached at the end of this RFP. The income limits to be used depend on the home address of the respondent.

1. If the person answering resides in Andover, Avon, Ashford, Barkhamsted, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, Colchester, Columbia, Coventry, Cromwell, Durham, East Granby, East Haddam, East Hampton, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Haddam, Hartford, Harwinton, Hebron, Lebanon, Manchester, Mansfield, Marlborough, Middlefield, Middletown, New Britain, New Hartford, Newington, Plainville, Plymouth, Portland, Rocky Hill, Simsbury, Somers, Southington, South Windsor, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Willington, Winchester, Windham, Windsor, or Windsor Locks, **Hartford PMSA limits** would be used.
2. If the person answering resides in Chaplin, Brooklyn, Eastford, Hampton, Killingly, Pomfret, Putnam, Scotland, Sterling, or Woodstock, **Windham County limits** would be used.
3. If the person answering lives in a community other than one listed above, please call the Hampton Housing Rehabilitation Office, and we will send the appropriate set of limits.
4. Individuals who file a federal tax return as **self-employed** should use adjusted gross income **plus** the gross incomes of other non-self-employed household members 18 years of age or older (except those who are full-time students) when calculating income.

Please answer each of the following:

- a) Do at least 51% of the owners of this business meet one of the following criteria: 1) reside in public housing or publicly assisted housing for the elderly? **or** 2) qualify as "low-income" households as determined by household size as indicated on the accompanying chart titled Income Limits? **and** 3) seek to receive employment preference as an eligible section 3 resident? ☐ Yes ☐ No

If you specify yes to the above question, please indicate the number of owners of this company.

- b) Do 30% of your full-time employees meet one of the following criteria: 1) reside in public housing or publicly assisted housing for the elderly? or 2) qualify as "low-income" as determined by household size as indicated on the attached chart titled Income Limits? or 3) have been employed by your firm for no more than three years and satisfied criteria 1) or 2) during any of that three year period? _____ Yes _____ No
- c) Do you subcontract with businesses which provide economic opportunities to low income persons? _____ Yes _____ No Will you commit to subcontract in excess of 25% of the dollar award of all subcontracts to business concerns that meet the qualifications of a Section 3 Business as set forth in a) & b) above? _____ Yes _____ No

I certify that all the information in this statement is true and complete to the best of my knowledge and belief.

Name: _____

Title: _____ Date: _____

Return this form to:

Hampton Regional Housing Rehabilitation Program
P.O. Box 143
Hampton, CT 06247

STATE:CONNECTICUT -----I N C O M E L I M I T S-----
PROGRAM 1 PERSON 2 PERSON 3 PERSON 4 PERSON 5 PERSON 6 PERSON 7 PERSON 8 PERSON

Bridgeport-Stamford-Norwalk, CT MSA

Bridgeport, CT HMFA

FY 2010 MFI: 86600 30% OF MEDIAN 18200 20800 23400 26000 28100 30200 32250 34350

VERY LOW INCOME 30350 34650 39000 43300 46800 50250 53700 57200

LOW-INCOME 45100 51550 58000 64400 69600 74750 79900 85050

Danbury, CT HMFA

FY 2010 MFI: 107600 30% OF MEDIAN 22650 25850 29100 32300 34900 37500 40100 42650

VERY LOW INCOME 37700 43050 48450 53800 58150 62450 66750 71050

LOW-INCOME 51600 58950 66300 73650 79550 85450 91350 97250

Stamford-Norwalk,CT HMFA

FY 2010 MFI: 125700 30% OF MEDIAN 26400 30200 33950 37700 40750 43750 46750 49800

VERY LOW INCOME 44000 50300 56600 62850 67900 72950 77950 83000

LOW-INCOME 58400 66750 75100 83400 90100 96750 103450 110100

Hartford-West Hartford-East Hartford, CT MSA

Hartford-West Hartford-East Hartford, CT HMFA

FY 2010 MFI: 84700 30% OF MEDIAN 17800 20350 22900 25400 27450 29500 31500 33550

VERY LOW INCOME 29650 33900 38150 42350 45750 49150 52550 55950

LOW-INCOME 45100 51550 58000 64400 69600 74750 79900 85050

Southern Middlesex County, CT HMFA

FY 2010 MFI: 96800 30% OF MEDIAN 20350 23250 26150 29050 31400 33700 36050 38350

VERY LOW INCOME 33900 38750 43600 48400 52300 56150 60050 63900

LOW-INCOME 45100 51550 58000 64400 69600 74750 79900 85050

New Haven-Milford, CT MSA

Milford-Ansonia-Seymour, CT HMFA

FY 2010 MFI: 87400 30% OF MEDIAN 18350 21000 23600 26200 28300 30400 32500 34600

VERY LOW INCOME 30600 35000 39350 43700 47200 50700 54200 57700

LOW-INCOME 45100 51550 58000 64400 69600 74750 79900 85050

New Haven-Meriden, CT HMFA

FY 2010 MFI: 80900 30% OF MEDIAN 17000 19400 21850 24250 26200 28150 30100 32050

VERY LOW INCOME 28350 32400 36450 40450 43700 46950 50200 53400

LOW-INCOME 45100 51550 58000 64400 69600 74750 79900 85050

Waterbury, CT HMFA

FY 2010 MFI: 68400 30% OF MEDIAN 16950 19400 21800 24200 26150 28100 30050 31950

VERY LOW INCOME 28250 32300 36350 40350 43600 46850 50050 53300

LOW-INCOME 45100 51550 58000 64400 69600 74750 79900 85050

Norwich-New London, CT MSA

Colchester-Lebanon, CT HMFA

FY 2010 MFI: 94100 30% OF MEDIAN 19800 22600 25450 28250 30550 32800 35050 37300

VERY LOW INCOME 32950 37650 42350 47050 50850 54600 58350 62150

LOW-INCOME 45100 51550 58000 64400 69600 74750 79900 85050

Norwich-New London, CT HMFA

FY 2010 MFI: 81200 30% OF MEDIAN 17050 19500 21950 24350 26300 28250 30200 32150

VERY LOW INCOME 28450 32500 36550 40600 43850 47100 50350 53600

LOW-INCOME 45100 51550 58000 64400 69600 74750 79900 85050

STATE:CONNECTICUT -----I N C O M E L I M I T S-----
PROGRAM 1 PERSON 2 PERSON 3 PERSON 4 PERSON 5 PERSON 6 PERSON 7 PERSON 8 PERSON

Litchfield County, CT

FY 2010 MFI: 86000 30% OF MEDIAN 18100 20650 23250 25800 27900 29950 32000 34100
VERY LOW INCOME 30100 34400 38700 43000 46450 49900 53350 56800
LOW-INCOME 45100 51550 58000 64400 69600 74750 79900 85050

Windham County, CT

FY 2010 MFI: 68200 30% OF MEDIAN 16950 19400 21800 24200 26150 28100 30050 31950
VERY LOW INCOME 28250 32300 36350 40350 43600 46850 50050 53300
LOW-INCOME 45100 51550 58000 64400 69600 74750 79900 85050